MARYLAND COMMISSION ON KIDNEY DISEASE

THE CONNECTION

VOLUME 4 ISSUE 1 MARCH 2005

MESSAGE FROM THE CHAIRMAN

Two noteworthy events caught my attention over the last few months and I believe in many ways highlight the extremes of delivering health care.

The first was the Tsunami which was an epic tragedy affecting so many people of different races, nationalities and means from all over the world. I for one was very personally affected by the events on that seemingly peaceful day half a world away and was humbled by the huge outpouring of money and resources from many of our fellow Americans. I was especially moved by the efforts of several health care providers from around the state in traveling to one of many locations around the damaged region in order to assist in delivery of the most basic of health care needs. These needs include clean water, sanitation, and safe food. I tip my hat to those who made that personal commitment to the relief efforts and wish you well. While the tales of recovery from the Tsunami have drifted off the front page of the newspaper we can be certain that the health and well-being of the most vulnerable especially children are still in jeopardy.

This leads me to the second event of the last few months worthy of mention which was the recent posting of proposed new regulations from the Centers for Medicare and Medicaid Services (CMS) for care of ESRD patients. These proposed regulation were issued in the spirit of improving the health of our target population and calls on us to meet the highest of standards for excellence in health care delivery in the most advanced and wealthiest of industrialized nations. Most of us are in the process of considering these proposed regulations and I encourage you to voice your opinion during this public comment period both to us at the Commission and to CMS directly. Also, please continue to be mindful of the survivors of the Tsunami as they continue the long and arduous process of rebuilding their lives and healing from their personal and material losses.

Jeffrey Fink MD, Chairman

COMMISSION MEETINGS

The Commission on Kidney Disease will be meeting at the following dates in 2005:

January 27, 2005

April 28, 2005

July 28, 2005

October 27, 2005

The Commission meets at the Department of Health and Mental Hygiene, 4201 Patterson Avenue Baltimore, MD 21215. The Open Session of the meeting begins at 2:00pm and is open to the public. For further information regarding these meetings, please contact the Commission office at (410) 764 4799.

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COMMISSION NEWS

COMMISSION WEBSITE

Check out our website: **http://www.mdckd.org** Find all the latest Commission information. The website includes information about the Commission, useful links, meeting dates, new facility information, complaint forms, regulations, governor's report and past and current newsletters.

CDC RECOMMENDATION: ROLLING SUPPLY CARTS

Facilities who utilize rolling supply carts in the patient care area should be aware that according to the MMWR 2001; 50 Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients, "…If a common supply care is used to store clean supplies in the patient treatment area, this cart should remain in a designated area at a sufficient distance from patient stations to avoid contamination with blood. Such carts should not be moved between stations to distribute supplies."

Isolation Procedures

According to CDC recommendations "Preventing HBV transmission among chronic hemodialysis patients requires a) infection control precautions recommended for all hemodialysis patients; b) routine serologic testing for markers of HBV infection and prompt review of results; c) isolation of HBsAg positive patients with dedicated room, machine, other equipment, supplies, and staff members; and d) vaccination."

The CDC also recommends; "Candidates for dialysis and potential employees should be screened for HbsAg and anti HBs before or at the time they enter the unit in order to determine their serologic status for surveillance purposes." The CDC also recommends "Staff members who are caring for a HbsAg+ patient(s) should not care for susceptible patients at the same time, including during the period when dialysis is terminated on one patient and initiated on another."

CITATION FREE SURVEYS

The Commission **congratulates** the following facilities for citation free surveys in 2004:

Porter Rosedale
Davita Dulaney Towson
JHH Harriet Lane
Holy Cross Dialysis Unit
Holy Cross at Woodmore
IDF Lions Manor
FMC Fort Foote
Deer's Head Hospital Dialysis Unit
FMC LaPlata
Artificial Kidney Center-Silver Spring

CORRECTIVE ACTION PLANS

The Commission has ruled that all Corrective Action Plans must be signed by the facility's Medical Director. The Medical Director is responsible for and must be aware of and participate in the facility's plan and to comply with Federal and State regulations. The facility's ongoing compliance measures should become part of the facility's quality assurance/continuous quality improvement plan and be reviewed by the interdisciplinary team during these meetings.

NETWORK 5 TRANSPLANT: GOALS AND OBJECTIVES

ESRD Network 5 recommends that 100% of dialysis facilities should have a written policy defining delivery of transplant information to all patients, including: when transplant information will be presented to new patients, what tools (brochures, video, verbal) are used, and who conducts annual follow-up education/contact with the patient.

FACILITIES APPLYING FOR CERTIFICATION

Holy Cross at Woodmore
Davita Pikesville
Davita Germantown
DCA Rockville
FMC Anne Arundel

CLOSED FACILITIES

The Commission ascertained that an orderly and acceptable transfer of patients occurred at these facilities.

CKC Elkton
CKC Edgewood
Porter Lorien Frankford
Bon Secours Liberty
FMC Randallstown
Davita Mt. Washington
CKC Riverview

THE AUTOMATED EXTERNAL DEFIBRILLATOR

By Roland C. Einhorn, M.D.

The Automated External Defibrillator (AED) is a portable medical device which can be used in an emergency to both detect and treat potentially life threatening rhythm disturbances of the heart. It is only designed for use on individuals who are unresponsive, not breathing, and have no signs of circulation (such as a pulse or a regular heartbeat). Like all defibrillators, the device delivers a precise electrical shock through the chest wall to the heart in order to immediately restore a normal heartbeat. Following successful restoration of the heartbeat, the individual's circulation may be restored and a life may be saved.

In general, AED's are battery operated and are very sophisticated in identifying dangerous heart rhythms. These abnormal rhythms usually accompany symptoms of a heart attack (chest pain, shortness of breath, sweating, palpitations and nausea). Serious heart rhythm disturbances, if not treated promptly, can cause a rapid loss of consciousness, cessation of breathing, and death. While Cardiopulmonary Resuscitation (CPR) can temporarily maintain life during cardiac arrest, prompt treatment using an AED can make CPR more successful. Healthcare workers and non-medical personnel can be taught to use the AED very effectively with only a modest degree of training. For that reason, the AED has been installed in airports and other public places, such as shopping centers.

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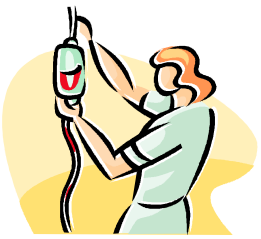
C.N.A.—DIALYSIS TECHNICIAN PRACTICE ISSUES



The CNA – DT student may be considered in the 3:1 staffing ratio only after they have completed the theory, clinical and exam requirements. The application must be in the mail to the Maryland Board of Nursing before the staff member can take a full assignment. Before these requirements are met they must be considered a student and therefore be directly supervised by the RN instructor.

This information is per Barbara Newman, Director or Nursing Practice at the Maryland Board of Nursing.

Facilities are encouraged to keep copies of the CNA-DT applications in the facility. CNA-DT Renewal:

- Certification as a CNA-DT is for a two-year period. The CNA-DT will renew every other year on their birth month.
- The CNA-DT must have practiced as a CNA-DT and have 16 hours of active practice within the two years immediately preceding their renewal.

The CNA-DT must also complete one (1) three hour continuing education course taught by an approved CNA-DT training program which includes but is not limited to:

a) Current state regulations related to the role of the CNA in dialysis;

b) Uses, actions, related precautions, and possible interactions of current medications used in the care of the ESRD patient;

c) New care procedures; and

d) Resources available to the CNA in dialysis which clarify and expand the knowledge of the CNA.

This information is extracted from the Maryland Board of Nursing Website: http://www.mbon.org

MEDICARE DISCOUNT DRUG CARDS

Who should sign up for a Medicare Discount Drug Card?

Individuals with income at or below $12,569 and couples with incomes of $16,862 are eligible for up to $600 of free medications this year.

What co-payment are they responsible for?

For individuals with incomes at $9,310 and couples with income up to $12,490 there is a 5% co-payment. For individuals up to $12,569 and couples up to $16,862 there is a 10% co-payment.

With over a hundred MC Discount Drug Cards to choose from how did we ascertain which cards were the best for the ESRD population?

Obviously reviewing all the many discount drug cards would be prohibitive. So we contacted 5 cards and requested they send their formularies. Two cards - Criterion Advantage and CompScience Corp used the same formulary. Three only sent a list of their 100 most commonly used drugs; two did not respond at all. We then went to their websites to ascertain, on the few most expensive drugs, which card deducted the cost in a manner that did not wipe out the entire $600 annual amount allotted to those below $12,569 for an individual and $16,862 for a couple. Comparing the most frequently used medications on the KDP Formulary with those on the various MC Discount Drug Lists we eliminated 2 cards that used the retail price of the most expensive drugs deducting that amount from the $600 annual benefit. Two months of that one drug would wipe out the entire $600. That left 3 cards to compare the formularies with the KDP formulary. Considering there are literally thousands of drugs on each list we randomly picked a sampling of drugs on the KDP Formulary and compared them to the 3 cards. One formulary did not cover the most common benzodiazepines such as Xanax and Restoril so that card was eliminated. The two cards left were Wellpoint and PharmaCare. While we are sure there are a few medications on the KDP list that are not on these two cards, the majority are.

What can you do to help your patients take advantage of the $600 benefit for 2005?

- Make a list of your patient's medications.
- Go to the sites listed below, put your patient's zip code in the appropriate place and see if there is a pharmacy close to their home that participates with the two cards below.
- Find out which of these 2 cards dispense most of their medications

Contact WellPoint:

WellPoint's Drug List and enrollment information can be found at www.precisiondiscounts.com or by calling Customer Service at 1-800-585-0352. Their enrollment form can be found at https://precisiondiscounts.com/enrollment_form.pdf.

Contact myPharmaCare:

PharmaCare's Drug List can be found at http://www.pharmacare.com/medicare/medicare_main.jsp

Their enrollment Booklet can be found at http://www.pharmacare.com/medicare/shared/pdf/preenrollment.pdf To contact them by phone call myPharmaCare Monday-Friday, 8:00 am to 4:30 pm at 1-800-601-3002. TTY users should call 1-800-365-4155.

This article is printed at the request of the Maryland Patient Advocacy Group and is not to be construed as an endorsement by the Commission.

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WE ARE ON THE WEB

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MARYLAND PATIENT ADVOCACY GROUP

Who is Responsible?

Patients wait for dialysis slots while empty chairs sit for deceased patients; organs go unused when patients cannot be found. Why? Patients fail to communicate with their healthcare provider.

With life so precious one would think that those on dialysis would adhere to their three times per week treatment schedule. You would think that if one were on dialysis and went through the transplant evaluation process, be placed on the transplant list one would regularly contact their Transplant Coordinator with their current contact information to make sure that when an organ became available they could immediately be notified.

Wrong! At the 1/27/05 Commission meeting it was brought to the renal community's attention that dialysis centers regularly hold a chair for "no-shows" for weeks, months during which time calls, registered/certified letters receive no response and even visits to the last address given bear no fruit. Sometimes after months it is found that the patient died or transferred to another center. For some on the transplant list the issues are the same. An organ becomes available often after a wait of upwards of 5 years, the Transplant Coordinator calls EVERY number the patient has given as well as their dialysis center to no avail. Patients are offered a beeper; either never picked one up or if they do never change the battery, left it a cousin's house, the library, somewhere. Why, in every case it is all about **responsibility**. Everyone must take responsibility - patients, their families, the doctor, and in the case of dialysis centers when a patient dies the transplant center and vice versa. If a potential transplant recipient cannot comply with this most important request, how can they be entrusted with such a scarce commodity as an organ?

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THE AUTOMATED EXTERNAL DEFIBRILLATOR

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If someone suddenly has a heart attack with a witnessed cardiac arrest, a trained individual can quickly use the AED to help save a life even before an ambulance arrives on the scene.

Recognizing this fact, Congress passed a law requiring AED's in all Federal buildings. Furthermore, trained personnel using an AED are protected under the Good Samaritan Law from civil liability lawsuits.

In the State of Maryland, AED's are currently being installed in most dialysis facilities so that patients can be rapidly treated, if necessary, by trained dialysis staff. When new proposed Federal regulations become law in the near future, all dialysis facilities nationwide will be required to install AED's and additional medical equipment for cardiac resuscitation. Since heart attacks and cardiac arrest are the leading cause of death in dialysis facilities, the AED can be a lifesaver when used correctly during an emergency.